

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529094

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1					
4		3		1		
5		6		1		
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①		1		
15		①		1		
16		①		1		
17		3		1		
18		①		1		
19		①		1		
20		①		1		
21	1		1			
22		1		1		
23		2		1		
24		2		1		
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2		1		
33		2		1		
34		2		1		
35		①				
36	1		1			
37		1		1		
38		2		1		
39		①		1		
40		①		1		
41	1		1			
42	1			1		
43		1		1		
44		3		1		
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		3				
53		3		1		
54		3		1		
55		3		1		
56		①				
57						
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95						
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97						
98						
99						
100						
TOTAL IND.	6	↓	5	↓		↓
TOTAL DEP.	91	←	23	←		←
TOTAL CLAIMS	97		28			